

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ C C00523621		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee SEIU Local 1199 WOK			Date of Public Distribution/Dissemination 09 / 07 / 2016		
Mailing Address 1395 Dublin Road			Amount 80000.00		
City State Zip Code Columbus OH 43215		Transaction ID : D367046 Date of Disbursement or Obligation 09 / 07 / 2016			
Purpose of Expenditure Estimated Cost for Salary & Other Canvass-Related Expenses		Category/Type 001			
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 5583520.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee SEIU Local 1199 WOK			Date of Public Distribution/Dissemination 09 / 07 / 2016		
Mailing Address 1395 Dublin Road			Amount 40000.00		
City State Zip Code Columbus OH 43215		Transaction ID : D367047 Date of Disbursement or Obligation 09 / 07 / 2016			
Purpose of Expenditure Estimated Cost Salary & Other Canvass-Related Expenses		Category/Type 001			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 5583520.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			120000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gerald Hudson</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 09 / 08 / 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Full Name of Payee SEIU Local 1199 WOK		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 1395 Dublin Road		Amount 40000.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : D367048
Purpose of Expenditure Estimated Cost for Salary & Other Canvass-Related Expenses		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016
Name of Federal Candidate TED STRICKLAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		42955.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 1720 I Street, NW Suite 550		Amount 2186.25	
City Washington	State DC	Zip Code 20006	Transaction ID : D367051
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		5583520.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42186.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Gerald Hudson

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Date

MM / DD / YYYY
09 / 08 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 2186.25		
City Washington	State DC	Zip Code 20006	Transaction ID : D367052		
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate ROB PORTMAN			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 768.75		
City Washington	State DC	Zip Code 20006	Transaction ID : D367053		
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2955.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gerald Hudson

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 768.75		
City Washington	State DC	Zip Code 20006	Transaction ID : D367054		
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate TED STRICKLAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		42955.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	768.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	165910.00

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Gerald Hudson

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Date

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